

Please complete this form and return it in the postage-paid envelope or mail to:

Questions? Call Fidelity Investments at 1-800-343-0860, Monday through Friday from 8:00 A.M. to midnight ET.

Please use a **black** pen and print clearly in **CAPITAL LETTERS**.

5VFITSWNB001L



2. DESIGNATING YOUR BENEFICIARY(IES) (CONTINUED)

2. Individual or Trust Name: Percentage: %

Date of Birth or Trust Date: -- Relationship to Applicant: ☐ Spouse OR ☐ Trust OR ☐ Other

3. Individual or Trust Name: Percentage: %

Date of Birth or Trust Date: -- Relationship to Applicant: ☐ Spouse OR ☐ Trust OR ☐ Other **Total: = 100%**

Unless otherwise specified by your plan, if more than one person is named and no percentages are indicated, payment will be made in equal shares to my primary beneficiary(ies) who survives me. If a percentage is indicated and a primary beneficiary(ies) do(es) not survive me, the percentage of that beneficiary's designated share shall be divided equally among the surviving primary beneficiary(ies).

If there is no primary beneficiary(ies) living at the time of my death, I hereby specify that the value of my account is to be distributed to my contingent beneficiary(ies) listed below.

Contingent Beneficiary(ies)

1. Individual or Trust Name: Percentage: %

Date of Birth or Trust Date: -- Relationship to Applicant: ☐ Spouse OR ☐ Trust OR ☐ Other

2. Individual or Trust Name: Percentage: %

Date of Birth or Trust Date: -- Relationship to Applicant: ☐ Spouse OR ☐ Trust OR ☐ Other

3. Individual or Trust Name: Percentage: %

Date of Birth or Trust Date: -- Relationship to Applicant: ☐ Spouse OR ☐ Trust OR ☐ Other **Total: = 100%**

Payment to contingent beneficiary(ies) will be made according to the rules of succession described under Primary Beneficiary(ies).

3. AUTHORIZATION AND SIGNATURE

- I certify under penalties of perjury that my Social Security number in Section 1 on this form is correct;
- I am aware that the beneficiary information included in this form becomes effective when delivered to Fidelity and will remain in effect until I deliver another completed and signed Beneficiary Designation Form to Fidelity with a later date;
- I understand that I may designate a beneficiary for my assets accumulated under the plan and that if I choose not to designate a beneficiary, my beneficiary will be my surviving spouse, distributions will be made based on the provisions of the plan
- I am aware that the beneficiary information provided herein shall apply to all of my accounts under the plan listed in Section 1 and shall replace all previous designation(s) I have made to my account under the plan.

Your Signature:

X

Date:

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Fidelity Investments Institutional Operations Company, Inc.

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